

**Summary of the
NELAC Board of Directors/Committee Chairs Teleconference
April 9, 1998**

The Board of Directors and the Committee Chairs convened by teleconference on Thursday, April 9, 1998, at 1:30 p.m. Eastern Time to discuss changes that have been made by the committees to the standards. The Board Chair, Ms. Carol Batterton, led the meeting. Action items are shown in Attachment A and participants are shown in Attachment B.

Accreditation Process

Ms. Marge Prevost discussed the changes that had been made in Chapter 4. They are as follows:

- S** Section 4.1.1. Personnel Qualifications, has been changed to show that the responsible person of record or assistant responsible person of record has been changed to technical director or directors.
- S** Section 4.1.1.1. Approved environmental laboratories have been changed to **accredited** environmental laboratories.
- S** Section 4.1.2. On-site Assessments, the last sentence of the first paragraph has been changed to read, "The on-site assessment ensures that the environmental laboratory is in compliance with the NELAC standards."
- S** Section 4.1.2. On-site Assessments, last paragraph. The sentence, "Other factors may be considered and must be documented as appropriate." was removed.
- S** Section 4.4.1. Denial, Suspension, and Revocation of Accreditation. Ms. Prevost reported that some changes were made and other changes are expected to be made. The committee had a conflict with Chapter 2 with the wording "revoked" rather than "suspended." They expect to resolve this issue. Paragraphs 2), 4), and 5) were deleted and they expect to add two more paragraphs.
- S** Section 4.4.2. Suspension, item b) 5) was deleted.
- S** With regard to the use of the NELAC logo in Chapter 4, it was agreed that Chapter 6 should be referenced.

On-Site Assessment

Mr. Gary Bennett, representing Mr. Wayne Davis, reported on the changes to the On-site Assessment Chapter. They are as follows:

- S Section 3.5.6, Follow-up Procedures, second sentence, has been changed to read, “The applicant laboratory must then submit a plan of corrective action not later than 30 **working** days from when the report is received.” (see Section 4.1.3.b) was deleted.
- S Appendix A, Assessor Training Manual, will be removed from the standard and will become a stand-alone document. Mr. Bennett reported that the committee is still in the process of rewriting the Assessor Training Manual and is presently working on wording concerning Chapter 5.

Proficiency Testing

Dr. Ken Jackson, representing Ms. Anne Rhyne, reported on the changes that have been made to Chapter 2. They are as follows:

- S Section 2.2.2. PT Study Providers. The wording has been changed to allow for more than one PTOB. Also, a global change was made to add the word **appropriate** before PTOB.
- S Section 2.2.3. Proficiency Testing Oversight Body. It was proposed that the PT committee recommend more than one PTOB to NELAP and that NELAP determine the PTOB.
- S Section 2.3.3.1. Data Set Size Requirements, was deleted.
- S Section 2.4.1. Required Level of Participation. The third sentence was modified to add, “Each laboratory shall participate in at least two PT studies per year unless a different frequency is specified in the appendices to the chapter.”
- S Appendix C. 1.1.2 was reworded to show that the responsibility to maintain these regression equations remains with the committee. It will read, “Regression equations will be derived by the NELAC standing committee on proficiency testing and will be made available to PTOB approved PTOB Providers by the committee chair or executive director of NELAP.
- S Appendix D. Microbiology. There is still some issue on this. It was suggested that the present wording be submitted and changes be made at the Annual Meeting.
- S The comments from EMMC will be considered at a later time, when submitted by the Agency.
- S In Chapter 4. 4.1.4 b), the frequency of the PT samples was changed. It will read, “Each laboratory seeking or maintaining accreditation shall be required to perform

analyses of PT sample twice per year unless specified by the PT committee.”

S In Chapter 4. 4.1.4 c). 21 calendar days will be changed to 15 working days.
Quality Systems

Ms. Silky Labie reported on the changes to Chapter 5. They are as follows:

- S** The scope of the chapter was changed to exclude specifically those tests that were less stringent provided that 1) the need for the quality control is documented and 2) the need for less stringent standards has been approved by the appropriate state or federal agency.
- S** Section 5.5.3.2. Managerial Review, was reworded to clarify the intent of the section. It will read, “Identify the different internal audits and responsibility of the manager in respect to the internal audits.”
- S** Section 5.6.2. Laboratory Management Responsibilities. Changed to show types of documentation that would need to be required for an assessor to consider that analyses training is up to date.
- S** Section 5.10.2.1. Method Validation/Initial Demonstration of Method Performance. Acknowledged that there were certain types of tests that could not undergo an initial demonstration of capability i.e., microbiology, suspended solids, PH, etc.
- S** Section 5.10.5. Documentation and Labeling of Standards and Reagents, was reworded to clarify the intent.
- S** Section 5.11.3.d. Sample Receipt Procedures. The number of items in a sample receipt log was increased and also additional information is required to be logged in and made available to an assessor.
- S** Appendix D, introductory paragraph, was rewritten to show that there may be situations where less stringent quality control may be required and reiterated circumstances where that would be allowed.
- S** Methods Blanks. This was reworded but there were no major changes.
- S** Method Detection Limits with respect to analysis. The committee addressed concerns of having quantitatively reportable data and has set the limit as far as the NELAC standard. Quantitative data is any data above a value 3.18 times the method detection limit and this change has been made throughout the chapter.

Accrediting Authority

Ms. Jeri Long, representing Mr. John Anderson, gave an overview of the changes in Chapter 6. They are as follows:

- S They incorporated the recommendations from the Chapter 6 subcommittee on ISO consistencies. This entailed incorporating their recommendations on ISO 58 and proposed language on time limits. They proposed that secondary accrediting authorities shall grant reciprocal accreditation and issue certificates as required in Chapter 4 to applicant laboratories within 30 working days of receipt of the laboratory's application.
- S In Section 6.2.1a. Reciprocity, reciprocal accreditation shall be limited to only the field of testing methods and analytes for which the primary accrediting authority has been granted accreditation.
- S The Board agreed to consider the issue of using the term "recognition" instead of "reciprocity."
- S In Section 6.9.1.e. NELAP Assessment Team, the following change was made: "The NELAP assessment team shall... 2) have at least one member with experience that includes at least one of the following... A) certification as a management systems lead assessor (quality or environmental) from an internationally recognized auditor certification body."

Program Policy and Structure

Ms. Marcia Davies reported, in the absence of Ms. Pauline Bouchard, that there were just a few corrections made in Chapter 1. They did look for inconsistencies in the Chapter and made appropriate changes. She noted that the issue of field measurements in Chapter 1 would be voted on at the Annual Meeting.

Implementation

Dr. Carl Kircher reported that the Implementation Committee would be entertaining comments and passing out model legislation and administrative rules along with supporting documents associated with promulgating the documents. He also stated that the committee was looking at EPA regulations that could impact laboratory accreditation.

Membership and Outreach

Dr. Irene Ronning reported that the committee was looking at different ways of doing outreach. She also reported on the possibility of the Membership and Outreach Committee combining with the Implementation Committee. She stated that the committee would prepare a fact sheet on issues for small laboratories.

Action Items
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Item No.	Action	Completed Date
1.	Ms. Jeanne Mourrain will check with the EPA lawyers regarding the use of the NELAC logo.	
2.	Ms. Mourrain will ask RTI to do a global search for the use of the term “working” days.	

List of Participants
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